BEECHWOOD REST HOME

N1495 W CTH A

KEWASKUM 53040 Phone: (920) 994-471	L7	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	n: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	26	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/04):	26	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	24	Average Daily Census:	25

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	29.2
Supp. Home Care-Personal Care	No					1 - 4 Years	50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	20.8
Day Services	No	Mental Illness (Org./Psy)	33.3	65 - 74	0.0		
Respite Care	No	Mental Illness (Other)	8.3	75 - 84	41.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.8	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	8.3	65 & Over	100.0		
Transportation	No	Cerebrovascular	25.0			RNs	9.0
Referral Service	No	Diabetes	4.2	Gender	%	LPNs	12.0
Other Services	No	Respiratory	4.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	16.7	Male	12.5	Aides, & Orderlies	35.9
Mentally Ill	No	İ		Female	87.5	İ	
Provide Day Programming for		İ	100.0	İ		İ	
Developmentally Disabled	No	İ		İ	100.0	j	
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	4	20.0	156	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	16.7
Skilled Care	0	0.0	0	16	80.0	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	16	66.7
Intermediate				0	0.0	0	0	0.0	0	2	50.0	169	0	0.0	0	0	0.0	0	2	8.3
Limited Care				0	0.0	0	0	0.0	0	2	50.0	169	0	0.0	0	0	0.0	0	2	8.3
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		20	100.0		0	0.0		4	100.0		0	0.0		0	0.0		24	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of	12/31/04	
Deaths During Reporting Period								
					% Needing		Total	
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number c	
Private Home/No Home Health	11.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Resident	s
Private Home/With Home Health	5.9	Bathing	0.0		75.0	25.0	24	
Other Nursing Homes	5.9	Dressing	4.2		95.8	0.0	24	
Acute Care Hospitals	58.8	Transferring	8.3		62.5	29.2	24	
Psych. HospMR/DD Facilities	0.0	Toilet Use	4.2		70.8	25.0	24	
Rehabilitation Hospitals	5.9	Eating	16.7		79.2	4.2	24	
Other Locations	11.8	*******	******	*****	******	* * * * * * * * * * * * * * * * * * * *	******	****
Total Number of Admissions	17	Continence		%	Special Trea	tments	%	
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.2	Receiving :	Respiratory Care	12.5	
Private Home/No Home Health	18.8	Occ/Freq. Incontinen	t of Bladder	50.0	Receiving	Tracheostomy Care	0.0	
Private Home/With Home Health	6.3	Occ/Freq. Incontinen	t of Bowel	16.7	Receiving	Suctioning	0.0	
Other Nursing Homes	6.3				Receiving	Ostomy Care	4.2	
Acute Care Hospitals	0.0	Mobility			Receiving	Tube Feeding	0.0	
Psych. HospMR/DD Facilities	6.3	Physically Restraine	d	0.0	Receiving 1	Mechanically Altered D	iets 62.5	
Rehabilitation Hospitals	50.0							
Other Locations	12.5	Skin Care			Other Reside	nt Characteristics		
Deaths	0.0	With Pressure Sores		0.0	Have Advan	ce Directives	100.0	
Total Number of Discharges		With Rashes		4.2	Medications			
(Including Deaths)	16	I			Receiving	Psychoactive Drugs	62.5	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.2	88.5	1.09	88.3	1.09	90.5	1.06	88.8	1.08
Current Residents from In-County	50.0	80.0	0.63	78.3	0.64	82.4	0.61	77.4	0.65
Admissions from In-County, Still Residing	11.8	17.8	0.66	28.4	0.41	20.0	0.59	19.4	0.61
Admissions/Average Daily Census	68.0	184.7	0.37	106.8	0.64	156.2	0.44	146.5	0.46
Discharges/Average Daily Census	64.0	188.6	0.34	105.3	0.61	158.4	0.40	148.0	0.43
Discharges To Private Residence/Average Daily Census	16.0	86.2	0.19	34.7	0.46	72.4	0.22	66.9	0.24
Residents Receiving Skilled Care	83.3	95.3	0.87	95.2	0.88	94.7	0.88	89.9	0.93
Residents Aged 65 and Older	100	92.4	1.08	95.8	1.04	91.8	1.09	87.9	1.14
Title 19 (Medicaid) Funded Residents	83.3	62.9	1.32	56.6	1.47	62.7	1.33	66.1	1.26
Private Pay Funded Residents	16.7	20.3	0.82	34.0	0.49	23.3	0.72	20.6	0.81
Developmentally Disabled Residents	0.0	0.9	0.00	0.6	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	41.7	31.7	1.32	41.0	1.02	37.3	1.12	33.6	1.24
General Medical Service Residents	16.7	21.2	0.79	13.6	1.23	20.4	0.82	21.1	0.79
Impaired ADL (Mean)	56.7	48.6	1.16	50.8	1.11	48.8	1.16	49.4	1.15
Psychological Problems	62.5	56.4	1.11	62.7	1.00	59.4	1.05	57.7	1.08
Nursing Care Required (Mean)	10.4	6.7	1.56	7.4	1.40	6.9	1.51	7.4	1.40